

**INSTRUCTIONS FOR  
APPLICATION FOR COMMERCIAL APPLICATOR LICENSE  
FORM NO. PA-401**

In order to obtain a Commercial Applicators License, you must submit a complete signed application along with the appropriate fees. The license will be issued to the name appearing under Section B of this application. All applicators must first pass the appropriate TDA exams. Test scores are valid for 12 months. After that time, applicants must retest. License fees are nonrefundable. A person who operates a business or is employed by a business that applies restricted-use or state-limited-use pesticides to the property of another person for hire or compensation is required to obtain a commercial applicators license. Commercial applicators must renew annually and obtain five CEUs each year.

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**SECTION A**

**1. CLIENT INFORMATION**

For sole proprietors/individuals applying for this occupational license, a social security number is mandatory and required by Texas Family Code § 231.302. Social security numbers are required to assist in child support enforcement. In the event the applicant does not have a social security number, an affidavit of no social security number (form OGC-001) must be attached and a driver license number or state-issued ID number provided. This form is available on our website [www.agr.state.tx.us](http://www.agr.state.tx.us) or by mail. Failure to provide a social security number or an affidavit of no social security number will result in rejection of your application and a license will not be issued to you.

Enter the full legal name, mailing address and primary telephone number.

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**SECTION B**

**1. PERSON TO CONTACT FOR LICENSE-RELATED MATTERS**

Enter the name of a designated person, along with that person's contact information, who can discuss and answer questions about license-related issues. If this is the same person as the client, check the box stating same as client name instead of providing name again.

**NOTE: The Person to Contact, named by the business, is the preferred signatory of this application. That person may be the Responsible Person.**

All correspondence, licenses, and other documents will be sent to the Person to Contact at the mailing address listed below. If an e-mail address is listed, and e-mail is indicated as the preferred contact method, correspondence will be sent via e-mail.

In addition, the contact employee will receive, through regular mail, a login ID and password to access TDA's internet website. The contact employee will then be able to conduct business related to their assigned license(s) online, including viewing their licenses, making changes to their company information, and renewing their licenses. A business can appoint one contact person to manage online all of the company's licenses.

**2. MAILING ADDRESS**

Enter the address at which the Person to Contact receives general correspondence. If the address is the same as the client address, check the box stating same as client address instead of providing address again.

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## SECTION C

### 1. FACILITY (PRINCIPAL LOCATION OF LICENSEE, LICENSED ACTIVITIES)

Enter the name of the primary facility of licensee, licensed activities (applications) or equipment. For example, the business name or person's name if there is not an established business name.

### 2. PHYSICAL ADDRESS OF FACILITY

Enter the actual physical street address of the licensee, licensed activities or the equipment, including directions to this location if the address is difficult to locate. Please do not enter a P.O. Box. This information will assist TDA inspectors in locating your business in the event that an inspection is needed

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## SECTION D

### 1. COMMERCIAL APPLICATOR BUSINESS INFORMATION

All commercial applicators must be the employee of a commercial applicator business or registered themselves as a commercial applicator business. Please provide the commercial applicator business account number for you or your employee.

Provide the full legal business name of the commercial applicator business. If the name is the same as the facility, please check box stating same as facility and name does need to be provided again. Provide phone number for applicator business.

If you cannot provide a commercial applicator business account number, you or your employer must submit a completed PAB-300, Application for Commercial Applicator Business Registration (available on our website [www.agr.state.tx.us](http://www.agr.state.tx.us) ). Your commercial applicators license cannot be issued with commercial applicator business information.

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## SECTION E

### 1. COMMERCIAL APPLICATORS ONLY

If you have been convicted of any felony in the last five years, you must provide that information to TDA. Please enter your date of birth, (month, day and year), and attach a statement explaining the felony crime for which you were convicted, the date of the conviction, the county where convicted, the sentence and terms of probation, if any, and a brief explanation of the circumstances of the crime and completion of any sentence or probation.

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## SECTION F

### 1. OUT-OF-STATE APPLICANTS ONLY

Check either the Texas Secretary of State or the "Other" box and enter the resident agent's contact information. Only fill out the Resident Agent contact information if the Texas Secretary of State box is not checked. If the address provided in section A is out of state, agent information is required before a license can be issued.

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## SECTION G

### 1. PAYMENT

**NOTE: Texas Department of Agriculture accepts only checks, cashier's checks, or money orders.**

- Licenses are not valid until you receive confirmation from TDA. Confirmation may be by phone call, e-mail or mail.
- License fee is \$180 for a license valid for one year. The license will expire on the first anniversary from date of issuance.

Check method of payment. Enter check number, cashier's check number or money order number. Enter amount remitted.

Please remit to: Texas Department of Agriculture, P.O. Box 12076, Austin, TX 78711-2076.

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## SECTION H

### 1. SIGNATURE

**The Person to Contact is the preferred signatory of this application.** After reading the summary, print and sign your name, and date the form. Your signature here indicates that you have read the summary and that you are aware of your responsibilities regarding the issuance of the requested license.

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## SECTION I

### 1. CHECKLIST

Check all boxes to verify you have completed the application process and attached/enclosed the necessary items.